

601 E College Ave, Waukesha, WI 53186-5538 (262)542-7101, ext. 204 www.catholicmemorial.net

CATHOLIC MEMORIAL HIGH SCHOOL APPLICATION FOR ADMISSION

Student applying for admission to grade: ___9___ ___10___ ___11___ ___12___ CMH Anticipated Graduation: 20___

- This application must be completed by all incoming freshmen and transfer students applying to Catholic Memorial High School.
- A non-refundable admissions fee of \$25 must accompany all admissions applications.
- Please note: To receive full consideration, admissions applications should be submitted by October 31st, fully completed. It is requested that all incoming freshmen take the placement test administered by CMH. After all required information has been received and evaluated, the prospective student and his/her parent will be notified by January 1st of the student's admission status.

Student Information

PLEASE PRINT ALL INFORMATION

Name _____ Male Female
Last First M Initial

Name Student goes by _____

Student's Primary Address _____
Street Address

City State Zip Code + 4

Home Phone () _____ Date of Birth _____ Age _____
Month Day Year

Student Lives With:
Mother and Father _____ Father _____ Mother _____ Other (please specify) _____

Student Email Address _____

Present School _____ Religion _____
Name City

Parish/Church _____
Name City

How did you find out about CMH? _____

Has student ever been dismissed from any school for disciplinary reasons? If yes, please explain: _____

If applying as a transfer student, please indicate reason(s) for transfer: _____

Family Information

Father's Name* Title Mr. Dr. Other _____
Last First Preferred Name

Home Address _____
Street Address

City State Zip Code + 4

Home Phone () _____ Business Phone () _____

Father Email _____ Cell Phone () _____

Employer _____
Name of Company Job Title

Father Catholic Memorial Alumnus? Yes _____ No _____ Year Graduated _____

Mother's Name* Title Ms. Mrs. Dr. Other: _____
Last First Preferred Name

Home Address _____
Street Address

City State Zip Code + 4

Home Phone () _____ Business Phone () _____

Mother Email _____ Cell Phone () _____

Employer _____
Name of Company Job Title

Mother Catholic Memorial alumna? Yes _____ No _____ Year Graduated _____

*If applicable, Stepparent(s) _____

Title Mr. Ms. Mrs. Dr. Other: _____

Employer _____
Name of Company Job Title

Stepparent Catholic Memorial Alumnus? Yes _____ No _____ Year Graduated _____

Mailings should be sent to:

_____ Mother and Father _____ Father _____ Mother Others (please specify) _____

Parent

I want my child to attend Catholic Memorial High School because:

Parent Signature _____ Date _____

Please list all siblings or other relatives who attend or have attended Catholic Memorial High School

Name	Relationship	Grade/ Graduation Year
Name	Relationship	Grade/ Graduation Year
Name	Relationship	Grade/ Graduation Year
Name	Relationship	Grade/ Graduation Year

Please list all other siblings (not listed above)

First & Last Name	Birthdate	M/F	Grade	School presently attending
First & Last Name	Birthdate	M/F	Grade	School presently attending
First & Last Name	Birthdate	M/F	Grade	School presently attending
First & Last Name	Birthdate	M/F	Grade	School presently attending

Student Background

Please list all activities that student currently participates in:

_____	_____
_____	_____
_____	_____

List any awards that student has received and/or accomplishments you feel are significant:

Student

I want to attend Catholic Memorial High School because:

Student Signature _____ Date _____

Student Academic Information

Please supply student's 7th grade final grades for the following subjects:

Math _____ Reading _____

Science _____ Social Studies _____

Please list classes student is taking during 8th grade year.

Scholarship and Tuition Assistance Information

___ YES, PLEASE SEND ME INFORMATION REGARDING TUITION ASSISTANCE

Parents/Guardians: I/We agree to assume responsibility for all tuition, fees, books and other expenses of my/our student while attending CMH. This agreement will be in effect for each semester the student is enrolled at CMH. I/We give permission for CMH to request and receive all pertinent records from my/our student's current school of attendance. (On applications where only one signature of a parent/guardian is provided, CMH will assume that this parent/guardian will be solely responsible for the student's tuition and other expenses.)

Signed _____ Date: _____
Parent/Guardian

Signed _____ Date: _____
Parent/Guardian

Please submit completed application and the non-refundable \$25 application fee to:

Catholic Memorial High School
Office of Admission
601 E College Ave
Waukesha, WI 53186-5538
Fax: 262.521.4444

For office use only: Date Received _____ Check # _____
Amt \$ _____ Date Entered _____